

Goodell (Wm)

Annual Address

On the
Relation of Neurasthenia to
Diseases of the Womb

BY

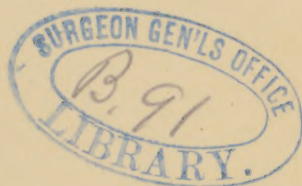
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THE RELATION OF NEURASTHENIA TO DISEASES OF THE WOMB.

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GENTLEMEN AND FELLOWS OF THE AMERICAN GYNECOLOGICAL SOCIETY: Another year has gone by and we have met together for the third time. How pleasant are these yearly gatherings and yet how tinged with sadness! Pleasant indeed are the warm grasp of the hands, the making of new friendships, the renewal of old ones, the interchange of thought. Pleasant is it to see new faces among us, — the faces of those who year by year keep up unbroken the line of our scientific succession. But sad, very sad are the gaps we see on yonder benches. Two old familiar faces, whose seams and furrows we knew by heart, are not there. They are not with us in the flesh, but they may even now be with us in the spirit. For what is Death but the ring of Gyges which makes our departed friends invisible to our mortal eye?

Elected by your suffrages to the highest office in the gift of this Society, Peaslee should stand where I now stand; he should speak where I now speak. But the great general has fallen in the front line of life's battle, and on his unworthy lieutenant devolves the command. To the memory of this distinguished Fellow it would, therefore, seem becoming that I should pay a large toll of tribute; but it is the custom of this Society to urn its great dead in special niches in the volume of its Transactions. Yet I cannot refrain from dropping one small pebble on his cairn.

Edmund Randolph Peaslee was a man of high ability, great acquirements, and unostentatious learning, a man of inflexible honor and of rare purity of life. The double thread on which these golden beads were strung was sterling integrity and untiring industry. A character thus rounded out, an individuality so marked, made their owner a leader here, and a Saul among his other professional brothers. So identified is he with the birth and growth of this Society, so coupled is his name with the progress of Gynecology, that the memory of his example and of the great services he has rendered to our beloved profession will be handed down as a precious inheritance to those who shall succeed us. Envidable was the fullness of his life; envidable the opportuneness of his death. Struck down at the age of sixty-four, while the tide of his fame was at its full, while his eye was not dim or his natural force abated, he died in the abiding faith of a Christian and in the blessed hope of a glorious immortality.

The other Fellow whose death we mourn is that distinguished ovariologist, Washington L. Atlee. Against strong antagonisms and bitter animosities he had fought his way up to the very front of our profession. On September 7, 1878, he died full of years and of honors, forgiving and forgiven.

Vale Peaslee! Vale Atlee! Valet, sed non in æternum!

From this sad tribute to the memory of our dead let us with bowed heads pass to other matters. And first to a brief review of the year's work of this Society. Of the quality of the essays, of the character of the debates, and of the good work shown in the second volume of our Transactions, we have no need to be ashamed. It is a far portlier volume than its predecessor, and contains among other valuable matter a complete bibliography of obstetric literature for the year 1877. For this precious addition to its bulk let me in your name return our best thanks to Surgeon J. S. Billings of the Army.

For the arrangement of the material for these Transactions, and for their publication, we owe everything to our

efficient and indefatigable Secretary; but I fear that his forbearance was put to a severe test by the dilatoriness of those who kept back their papers and put off their proof-reading until the last moment. No branch of medicine can lay claim to finality; each rests on a *punctum fluens* and not on a *punctum stans*. More especially so is it with Gynecology, whose growth is so fast that its ever-ripening fruitage can be gathered only by close gleaners. To-morrow makes the opinions of yesterday behind the times. Yet the volume of our Transactions, which should be the channel by which the best and freshest thoughts and the newest discoveries should go forth to the world, is published so long after the annual meeting, that it is in danger of showing, like last year's almanac, what was, and not what is. Such delay dampens the ardor of those who would like to contribute, and especially of those who may wish to give publicity to original views.

Bear with me while I make one more suggestion. In looking over the titles of these sterling contributions I could not find a single one bearing upon the diseases of childhood. This omission seemed so glaring that I could not account for it, until it occurred to me that Pediatrics had not been included within the province of this Society. I believe this to be a grave mistake, — a mistake which I hope will soon be rectified by an amendment to the Constitution and By-Laws. The object of this Society should not be limited to the diseases of women. Nor, for the matter of that, should its mission be narrowed down to the education of its members alone. By educating the masses, by giving the best to the most, it will become a power in the community for good. There are social problems of the day which ought to be confronted, and that boldly, such as Preventive Measures, Criminal Abortion, Sexual Excess, Dress, etc. The time has not yet come for us to grapple with all; some indeed need delicate handling; but one urges itself upon our attention: Every summer sweeps off thousands of our infants. This mortality is due not only to excessive heat, but to the needs of poverty and especially to the igno-

rance of mothers. They suckle their children at improper times, they wean them at unsuitable seasons, they supply them with unwholesome food. The hardships of the poor, their very occupations, often spoil their breast-milk. Very touching is the complaint of the heart-broken French rag-picker: "I had eleven children in all, —four of them died at the breast. It's no use; one can't have good milk when one works in the streets all night." Now these mothers ought to be taught when, where, and how to feed their young infants; and what better teacher, or one more authoritative, can there be than this Society? I would therefore urge upon you the appointment of a committee to draft some simple rules for the guidance of mothers in these matters, and to bring them up for discussion at our next annual meeting.

But the annual address of the President should not, in my apprehension, be limited to making suggestions or to taking count of stock. Under its ægis he may give expression to some thought which he has been nursing, or to some hobby of which he longs to be "delivered upon the mellowing of the occasion." With this broad interpretation, I have ventured to choose for my address the subject of —

THE RELATION OF NEURASTHENIA TO DISEASES OF THE WOMB.

In the yet young and brilliant school of Gynecology there is, to my thinking, a tendency to make too much of the womb and its annexes as causes of so-called female disorders. Misled by traditional teaching, by such a name as woman, or womb-man, by such a misnomer as hysteria, or womb-disease, we yoke our practice to theory. Here let me say parenthetically, that while etymologically woman (womb-man) is so called because she bears a womb, physiologically she is a woman because she owns two ovaries, —for these glands are essentially the sexual organs, they, above all, giving her sex and personality. Instead, therefore, of womb-man, she ought to be called ovary-man; and I cannot but regret that we name her after an organ which can be seen and felt, and not after two organs which are not visible and, in ordinary conditions of health, not even tangible.

Since there is in man an instinct of causality which craves to be satisfied, we are prone to base far-reaching conclusions on fragmentary evidence, or on indifferent data ; to mistake coincidence for causation. So, whenever we find a train of symptoms associated with a congested or an otherwise disordered womb in a womb-man, we jump to the conclusion that the congestion is not a symptom, or a sequence, or a coincidence, but the factor, and at once proceed to treat it as such. Then again, forgetful that the imponderables are great forces in nature, we disregard the tyranny of woman's over-sensitive organization, and underrate the influence of nerve perturbations or of psychical disturbances.

Now in these days of mental overstrain, nerve-tire, or neurasthenia as it is technically called, is so common a disorder in our over-taught, over-sensitive, and over-sedentary women, that in its successful treatment every physician has an abiding interest. It manifests itself by hysteria, by spinal irritation, and by a crowd of reflex symptoms, among which those of a uterine complexion often overshadow and indeed outlast all the others. The general pathology of such a neurosis is not perfectly clear, but it probably consists essentially in mal-nutrition of nerve-centres, followed by disturbances in the circulation from weakened innervation. These secondary disturbances consist of local anemias and of local hyperemias. In other words, in that equilibrium of the two movements of wear and repair which means health a disturbance occurs which means disease. There will be sudden ebbs and flows of impoverished blood in the various vital organs, — the same kind of surface-flushings and blanchings going on in the deeper structures. Thus we may see in the same person, and starting from one cause, alternations of anemia and of hyperemia of brain, of stomach, or of spine, with very generally stable hyperemia of the reproductive organs. The cerebral exhaustion or irritation manifests itself by clavus, by wakefulness, by heaviness, by asthenopia, by inability to read or to write or to concentrate the thoughts on any given subject ; the exhaustion of the stomach, by flatus, by nausea, by gastralgia, by capricious appetite, and

so on ; the spinal exhaustion, by tender spots, backache, and weariness. The anemia of the reproductive organs is exhibited by amenorrhea, or by scant menstruation, by neuralgic and hysterical pains ; the hyperemia by congestion, by dysmenorrhea, menorrhagia, and leucorrhea, by uterine flexions and dislocations, and by a variety of subjective and objective phenomena with which every physician is familiar.

During menstrual life the sexual sphere preponderates over the others, so the stress of the anemia or of the hyperemia in these secondary circulatory disturbances very generally falls on the reproductive apparatus. Then again malnutrition of nerve-centres produces a poverty in the quality of the blood, in which obtains a peculiar susceptibility to emotional excitement. Hysteria does not mean necessarily a diseased womb, nor yet is it an abstract entity, but the definite expression of some morbid action going on in the nerve-centres. But let us go a step further. Since functional relation exists between every act of thinking, feeling, or willing on the one side, and some molecular change in the body on the other, it follows that the mind-illness caused by the body-illness can in turn produce body-illnesses ; the disturber becomes the disturbed. "Thought," proves Tuke, by many apt illustrations, "strongly directed to any part, tends to increase its vascularity and consequently its sensibility."¹ Hence come those life-like mimics of grave structural disease, those mad muscles and local insanities. "The nerves," says Cabanis, "they are the man ;" most emphatically they are the woman.

Grasping this conception we can be at no loss to understand that many disorders of the reproductive apparatus do not constitute the essential disease, but are merely the local expressions of the general neurosis. These neuroses present in general very definite characteristics, yet such uncompromising materialists are we in medicine ; so apt are we to interpret the unknown in terms of the known ; so forgetful of disturbed vital functions, of morbid nerve influence, and of that subtle interplay between mind and body ; so oblivious

¹ *Influence of the Mind on the Body.*

to the fact that woman is a complex mass of action — emotional, intellectual, and physical ; so impressed by what appeals to most of the five senses, by what we can see and feel, that we seize upon the visible and tangible manifestations as the disease, and treat them accordingly.

Take, for instance, this too common picture from life : A girl who entered puberty in blooming health, and without an ache, is over-tasked and over-taxed at school, and her health begins to fail. She loses her appetite and grows pale and weak. She has cold feet, blue finger-nails, and complains of an infra-mammary pain. Head-ache and back-ache and spine-ache, and an oppressive sense of exhaustion, distress her. Her catamenia, hitherto without suffering, now begin to annoy her more and more, until they become extremely painful. Her linen is stained by an exhausting leucorrhœa, and bladder-troubles soon set in. She is wearied beyond measure by the slightest mental or physical exertion ; a grasshopper is a burden to her, and she finally becomes hysterical. Now, very unfortunately, the idea attached to this group of symptoms is that the reproductive organs are at fault, and that the unit of resistance lies in the womb. A moral rape is therefore committed by a digital or a speculum examination, and two lesions will be found. Firstly, as a matter of course, a vaginal anteversion, and secondly, an endometritis. These are at once seized upon as the prime factors, and she is accordingly subjected to a painful, unnerving, and humiliating local treatment. Unimproved she drags herself from one consulting-room to another, until finally, in despair, she settles down to a sofa in a darkened room and lapses into hopeless invalidism.

Now what is the interpretation of this train of symptoms ? What mean this head-ache, this back-ache, these uterine and vesical symptoms ? I cannot pretend to give the precise pathology, but I take it to be something like this : The yet developing nerve-centres of this brain-crammed girl were unable to cope with the strain thrown on them, and they broke down. But jaded nerves make poor blood and faulty circulation. From these come cerebral and spinal

irritation, with head-ache and back-ache, and with general exhaustion. But since this girl is at an age in which the sexual sphere predominates, the brunt of the nervous and circulatory disturbances falls on the most exacting organs, the reproductive. There will be flashes of anemia and of hyperemia, the former in my observation being more constant in unmarried girls, the latter in married and in middle-aged single women. Active neurosis of the uterine group of nerves takes place with either local or reflex manifestations, which mimic grave structural lesions of the womb. From increased reflex irritability comes spasm of the circular fibres of the cervical canal, causing dysmenorrhea. All the sphincter muscles are liable to such spasmodic contractions, and thus arise such mimics as hysterical dyspareunia, dysphagia, dysuria, dyschezia, and dyspnea. Often this spasm continues as a vicious habit, and, in the case of the circular fibres of the *os internum*, may keep up during the intermenstrual period, offering such a barrier to the passage of the sound as to lead to the diagnosis of organic stricture, and to a cutting or a dilating operation.

Other functional troubles of the reproductive apparatus come under this same heading of mal-nutrition, with exhaustion of nerve tissue. Thus are explainable those puzzling cases in which the womb is in its natural position and of its natural size, in which the sound readily enters, in which no lesion is appreciable, and yet dysmenorrhea and back-ache are complained of. So can we explain many cases of turgid and neuralgic ovary. In these diseases no structural changes can be found, and yet they are so stubborn as to be shunned by the gynecologist. Sometimes there will exist a concurrence of essential and primary uterine disease, with secondary nervous exhaustion, the former begetting the latter. We see this often in women who have been hurt and worn-out by child-bearing, or in women exhausted by sexual excess. In these cases there will be an exaggeration of the uterine symptoms, a localized hysteria. There will also be very commonly an hysterical bladder, mimicking vesical catarrh and even stone. For hysteria is liable to

billet itself upon maimed portions of the body, and especially on those organs — such as the womb and the bladder — which claim close kinship with the brain and nervous system. Then, again, from the hyperemia and dysmenorrhea developed by the neurosis we get secondary structural lesions, such as areolar hyperplasia, endometritis, and displacements, which may need a special treatment, besides the general one. But apart from those cases which clearly start from antecedent mischief to the reproductive apparatus, no good comes from a local treatment. Nor do they respond much better to ordinary therapeutic measures. They stand as a class by themselves, one which is in fact an opprobrium to the profession.

To remove this opprobrium is the chief object of my address to-day, for I am sure that it can be removed, and that by a plan of treatment first devised and first put in practice by my valued friend, Dr. S. Weir Mitchell, and so well described by him in his work entitled “*Fat and Blood, and How to Make Them.*” He was good enough to call me in to some of his cases, cases which had hitherto baffled the best medical skill. Struck by his remarkable success I followed his lead in those cases of back-ache and weariness and wakefulness which tradition has labeled as disease of the womb, but which display no coarse uterine lesions, — cases with leucorrhea, or with amenorrhea, or with menorrhagia, or with dysmenorrhea, and yet so clad with the livery of hysteria as to perplex alike the psychologist and the gynecologist. Then, again, I was led to combine this treatment with a local one in those cases of undoubted uterine disease in which the exacting constitutional symptoms were out of all proportion to the local lesions. The results of the rest, of the massage, of the electricity, of the seclusion, and of the feeding which constitute this treatment so far surpassed my expectations, that I can even now say with Horatio : —

“ Before my God, I might not them believe
Without the sensible and true avouch
Of mine own eyes.”

Nothing is more easy than to make assertions ; nothing so

dreary as to narrate cases. Yet I fear that unless I prove the former by the latter, you will be led to say with Mr. Great-Heart, "These are but generals; come to particulars, man." The particulars I shall limit to three, to but three out of many; one, because local treatment was not adopted; another, because it was first tried and found wanting; the third, because it was kept up throughout the constitutional treatment.

CASE I. — On March 6, of this year, a tall and large-framed girl of twenty was sent to me from a neighboring State. She was in wretched health and had been an invalid for some five years. Her catamenia began at the age of thirteen and were for two years free from pain. Then, for some unexplained cause, dysmenorrhea began, which had gone on increasing until it was unbearable without anodynes. She suffered from aches all over her body, but more especially from back-ache and from constant and very severe pain in both ovarian regions, the left being the worse. She had frequent fits of unconsciousness (hystero-epilepsy), out of which she awakened with frightful screams. Either *ardor urinae* was present, or else a very obstinate retention, for which the only relief lay in the catheter. To complete the category of ailments, she had leucorrhea, a uterine tenesmus which prevented her from walking, obstinate costiveness, and a loss of all appetite. As her mother informed me, with probably some exaggeration, not a week had passed by for five years without several visits from her physician, and many hundred miles had he driven simply to draw off her water. About a year before I saw her she went to an adjacent city, and for several months was in the hands of a gentleman whose name is a warrant that she had the very best advice possible. He diagnosticated antelexion with stenosis, at least I so infer, because after a long local treatment he advised a "cutting operation," and, upon her refusal to submit to it, introduced a tent which lighted up a very severe attack of peritonitis. This made her worse; she became bed-ridden, and then began to suffer from wakefulness and also from severe uterine and ovarian colics, for which very large doses of chloral and of morphia were needed.

On March 10, after a very careful examination, I found the womb and ovaries very tender, the former turgid, antelexed, and somewhat bound down by adhesions. The sound touched an

exquisitely tender fundus without any difficulty whatever, and gave a measurement of 2.75 inches. A few drops of blood followed its withdrawal. Feeling satisfied both from her history and from this examination that the dysmenorrhea was partly congestive, and that the severity of the symptoms was out of all proportion to the local lesions, I advised Mitchell's treatment. I may as well confess that I made there and then a uterine application, — one of iodine. It was the first and the last one, however, and I am now sure a wholly needless one, but the speculum was *in situ*, and — well, I could not resist the temptation. On the next day she was put to bed in a third story room and placed under the charge of a nurse. Her aunt, at whose house she was staying, and a most judicious lady, did not see her at all for the first week, then but once daily for a few minutes, and later in the treatment twice daily. Throughout the treatment my patient saw no one else but her nurse, the woman who rubbed her, Dr. George S. Gerhard, who was kind enough to apply the electricity, and myself. She was not allowed to read or to write, and was at once put on a skimmed-milk diet, although she protested that milk and butter were poisons to her. Two days after the beginning of this treatment she had a bad attack of retention of urine. I made the nurse pass the catheter, and sternly told my patient that this must never happen again. It never did.

Apart from bromide of potassium and morphia for the first few days, she got no other medicines than Trommer's extract of malt, dialysed iron, the valerianate of zinc, and an occasional aperient pill. By March 18 she had reached four quarts of new milk daily, and could sleep without narcotics. On the 19th she had her first breakfast, consisting of an egg and buttered toast. March 22 her courses came on without any pain whatever; she was indeed unconscious of the flow until she found herself wet. On the 28th she drank throughout the day one pint less than five quarts of new milk, eat three boiled eggs with bread and butter for breakfast, and devoured actually one half of a broiled chicken weighing four and a half pounds. To make a long story short, in this manner she went on with unmitigated appetite and uninterrupted improvement. Not only was her next monthly flow also without suffering, but by that time she was free from any pain or ache whatever. She now could sleep ten hours at a stretch, and nap it as well between her meals. On April 22 she began to sit up in bed, and her mother was shortly after permitted to visit her

for a few days. Her astonishment at her daughter's improvement was unbounded. Early in May she was walking about the house, and later, in the streets. On the 14th her father came and took her home — well. "They left us this morning," wrote her aunt to me, "and a happier pair I have rarely seen."

During the forty-five days of her treatment she drank two hundred and eight quarts of milk, and averaged two and a half eggs a day. Her waist expanded from eighteen inches to twenty-seven, and she gained twenty-two pounds in weight. On the 15th of last August she wrote, saying, "I have been perfectly well ever since my return. I have walked with father two miles every evening, once over three miles; and, when I first saw you, could not walk across the room without screaming with the pain."

I have described this case somewhat at length in order to illustrate the mode of treatment and to show what it can do. But I must refer those who wish a still more detailed account to Dr. Mitchell's little book.

CASE II. is the wife of a physician, who at my request kindly wrote out her history in the following letter:—

July 15, 1878.

DEAR DR. GOODELL, — I take pleasure in reporting my wife's case before and since she came under your observation.

She is now thirty-four years old, has been married eleven years, and has borne three children. In the first three years of married life there was no issue, until an operation of slitting the cervix, after which conception occurred. The first labors lasted from six to eight hours; the last only half an hour, although the child weighed ten pounds and a-half; none were instrumental. From this last accouchement resulted retroflexion, partial prolapse, hypertrophied womb measuring three and a half inches in length, and all the accompanying symptoms of that condition. There were present pelvic pains, great weariness, inability to walk even a block, cervical and corporeal endometritis, and great pain in coition. She also, from the extreme tenderness of the womb, could not bear the softest pessary. Finally menorrhagia set in so profusely that she would become unconscious during her periods. She was under the treatment of the late Dr. Peaslee and of an eminent gynecologist in another city during three years and a half, but without lasting benefit.

In October last, I called you in, and your diagnosis was retro-

flexion of a hypertrophied womb, with eversion and hypertrophy of the lips from laceration of the cervix at her last confinement. For this you suggested an operation, which you performed November 1 of last year. Although wholly successful, this operation made no other change in her general condition than in reducing the amount of her periods and in permitting the use of a pessary. You now urged a system of rest, electricity, massage, and diet, which was begun early in December.

Her condition at this time was inability to sleep, dreadful afternoon head-aches, flighty neuralgic pains of great severity, constant back ache, frequent and prolonged nervous chills, distressing palpitations of the heart, obstinate constipation, and extreme emaciation. Her weight was eighty-seven pounds, although the average weight in health had been one hundred and six.

During the treatment she gained twenty-four pounds, — five pounds more than when in health. She has lost all traces of pelvic and neuralgic pain, sleeps from eight to ten hours undisturbed by night-horrors, walks long distances without fatigue, has normal menstruation, is free from constipation, and has a very good appetite. The condition of the womb in position, size, etc., is normal, though she still wears the modified Hodge pessary introduced by you after the operation.

I very naturally watched this case with the greatest interest from its incipency, and believe that the first permanent step towards a cure was your operation on the cervix ; for so long as there was hypertrophy, applications gave no relief and pessaries caused excessive pain. The next successful step was the seclusion, rest, manipulation, electricity, and dietetic treatment, together with the control you had over the psychological traits peculiar to hysteria.

Very truly yours,

X.

This was a very stubborn case, one which needed the firmest moral treatment. At one time excessive vomiting set in, which lasted several days and came nigh ending my patient's life. Nothing stopped it but a cruel scolding, which was hard to give, as she was a gentle, lovable creature. Dr. Gerhard, who administered the electricity, will bear me out in the statement that it was an exceedingly tough case. I met her last week looking perfectly well, and steadily gaining in flesh.

CASE III. — G. W., aged twenty-nine, has never been well since her first and only labor, eleven years ago. Eight years ago, after nursing a sick child, she became bedridden. She could not get up on her feet, because she not only suffered acute pain, but all her pelvic organs then "seemed about to fall out." Even the act of sitting up in bed brought on vomiting and fainting. Her menstruation was scant, but attended with extreme suffering; her micturition frequent and painful. She also had violent uterine colics, which lasted several weeks at a time, and for which enormous doses of opium and chloral were needed. During these eight years her physician, a very judicious practitioner, rarely missed seeing her once a day. But during these attacks he would often visit her three, four, five, and even seven times in the twenty-four hours. He early discovered a retroflexion of the womb, but that organ was so tender that neither he nor a distinguished gynecologist, who was also consulted, could find a pessary which she could bear. For many years she used once or twice daily a vaginal injection of a gallon of hot water, and had very appropriate topical treatment. Nothing, however, did her so much good as eighteen applications of leeches to the cervix uteri, during as many successive monthly periods. Under this treatment her appetite and sleep improved.

On September 25, 1877, she was placed on a litter and brought to me by her physician, after a long journey by rail. A more wretched creature I have rarely seen. She was pale, thin, and helpless, hysterical to the last degree, and greatly weakened by night-sweats. The retroflexed womb measured over three inches; it was heavy and dense, enlarged in every direction by areolar hyperplasia, and very tender to the touch. The next day I put her on tonics and began a local treatment. After straightening the womb by rapid dilatation, I succeeded in fitting her with a Hodge pessary. Finding that she mended very slowly, on November 5 I began the use of massage, without, however, discontinuing local application. A few weeks later Dr. Wharton Sinkler applied the electricity. She began at once to get better, and that rapidly. By January 11, 1878, she had increased in weight from eighty-three pounds to one hundred and nineteen. Eleven days later she walked nine of our city squares — that is to say, very nearly a mile — to my office, to report an additional gain of four pounds, making forty in all. Shortly afterwards she went home, by no means cured of her uterine troubles, but wonderfully

bettered in her general health. On May 27 she wrote me that home cares and the hardships of poverty had caused her to relapse somewhat, and that during the catamenial week she was obliged to keep on her back. But, she added, "After eight successive years in bed, I feel it a great blessing to be able to tend my own wants."

Now, while I grant that this was not a cure, yet here was a woman with an incurable disease of the womb, bed-ridden for many years, and with so many exacting symptoms as to become the *bête-noire* of her physician, sent home quite able to take care of herself, and so much better as to astonish her physician and her friends. This was a success which under the circumstances no other treatment could have gained.

While I deem the rapid increase in flesh in these cases a very trustworthy token of returning health, yet the success of the treatment does not always depend upon it. Miss K. R., who had excruciating suffering at her monthly periods, defective locomotion, and other marked uterine symptoms, besides great nervous exhaustion, became well although she gained but five pounds. Mrs. M., a sterile lady with a heavy and tender retroflexed womb, was entirely relieved of ovaralgia, menorrhagia, and other grievous sexual symptoms which for years had embittered her existence; yet her gain was but seven pounds. On account of the slow and inappreciable increase in the weight of these patients, both Dr. T. V. Crandall, who gave the electricity, and I at first feared a failure, but they turned out to be signal cures.

Other cases, either with or without uterine treatment, could be given, but these are enough to serve my purpose.

Now, how is it that in these cases this treatment was followed by such success? The symptoms were such as ninety-nine physicians out of a hundred would ascribe to uterine disease, and to uterine disease alone, and yet my patients got well with but little or no local treatment. What then is the nexus between the means used and the apparent uterine disorder? The explanation is, to my thinking, as follows: The essence of the disease lies, not in the

sexual organs, but in the nerve-centres. These lack-lustre-eyed, thin-blooded, tender-spined, and emotional creatures give a history of exhaustion, of wakefulness, of great nervousness, and of constant back-ache and ovaralgia. There are then four objects to be secured, — nutrition, sleep, rest of body and of mind, and freedom from pain.

The question of nutrition is an important one, because these women are wholly without appetite and reject wholesome food. Repair not equaling wear, the starving nerves begin to clamor. By giving large doses of iron, and certain fixed rations of food at fixed hours, as laid down by Dr. Mitchell, sleep is induced and nervous pains are allayed, in cases which had hitherto resisted all treatment. This goes without saying.

Seclusion is important, first, to free the mind from all care; next, to remove the invalid from the home environment, where her whims are pampered into an unhealthy importance, and her slightest caprices anticipated. Again, it puts the patient wholly under the control of her physician. This is of no little importance, for there are no hard and fast rules of diet, massage, etc., for restoring these hysterical women to health. Each case stands by itself; each has an individuality to which the mental treatment must be adapted, and the personal magnetism of the physician can alone supply in each the missing nerve-link between will and action. Acting upon these views I have generally treated my patients away from their homes. Sometimes I have compromised the matter by putting them in a third story room at home, but as it were under lock and key.

The therapeutic effects of massage and of electricity are very analogous, but they need a somewhat extended explanation. The four principal manipulations of massage are:—

1. *Effleurage*, viz., stroking, friction, or surface rubbing.
2. *Petrissage*, kneading or deep rubbing.
3. *Tapotement*, tapping or percussion.
4. Passive and active motion.

The first two pleasantly stimulate into action the vasomotor nerves and the terminal filaments of cutaneous nerves,

and exercise the muscles without volition and therefore without any expenditure of nerve-force. Electricity does the same thing. *Tapotement*, or percussion, made by quick strokes with the ulnar margin of the palm, temporarily stuns the nerves, and these surprises effect molecular changes, by which relaxed fibre and tissues of loose consistency are strengthened. Again, both massage and electricity raise the body temperature, stimulate the nervous system, promote the secretions, and increase the peristaltic action of the bowels. Also the new and sharp impressions of electricity break up, as Anstie has shown, the mental attitude of morbid concentration on the hysterical or the pseudo-neuralgic pains.

Thus these two agents not only act as antidotes to the evils which come of prolonged rest in bed, but they meet several important indications. Further, the assumption having been made that in these cases there is disturbed circulation as well as enfeebled innervation, it follows that when a pathological process is set up by an increased flux of blood to one organ, whatever tends to lessen the amount of blood flowing to it tends also to restore it to health. Now both electricity and massage increase surface circulation in the large vascular district of the skin. Again, by irritation of vaso-motor nerves they also produce reflex alteration in the circulation of deeper parts. But increased capacity at one vascular district causes lessened capacity in another. Hence the flux of blood is diverted from the diseased organ and its circulation lessened. Causing in this manner anemia of the brain, sittings of massage or of electricity are usually followed by sleep.

In all of my cases the faradic current was more commonly used, the galvanic current being reserved for stubborn and deep-seated pains; that is, the electricity was applied either by general faradization, or by central or spinal galvanization. In a large proportion of these cases there was more or less of anesthesia in one leg, — usually the left, — accompanied by burning and cutting pains radiating from the corresponding ovary. Faradic excitability was at first always enfeebled

on the affected side, but after several sittings the muscles began to respond to the current, and motility was restored. In not a single instance did these nerve lesions last long. The ovaralgia was, however, not so readily overcome, but it was very interesting to watch how surely it was rubbed out and faradized out, — in fact, extinguished.

This treatment I once saw act like a charm in one of those fat and flabby women, with feeble hearts, with menorrhagia, and with very exacting uterine and hysterical symptoms. This fat accumulates from insufficient oxidation, brought about either from impeded circulation or from impoverished blood in which those oxygen carriers, the red blood corpuscles, are lessened in number. This will sometimes happen after a *post partum* flooding, or, as I have lately seen it, from the prolonged hemorrhage caused by a uterine polypus. The menorrhagia was probably the cause of it in this case. One finds it also in the muscles of paralyzed limbs. But to return to my patient; she was brought to me from a neighboring State when she had been confined to her room for over four years, and had not been able to move from her chair to her bed without the aid of crutches and that of her nurse. I first used the curette, then put her on a skimmed-milk diet as recommended by Dr. Mitchell, reducing the quantity daily until it seemed barely enough to keep her alive. Waste material was meantime eliminated by free purgation. Then by good wholesome food, by equalizing and stimulating the circulation through the use of massage and electricity, by the use of digitalis as a heart tonic, and by very large doses of iron — thirty-seven grains of the dried sulphate *per diem* in the form of Blaud's pill — to increase the number of red blood corpuscles and thereby the combustion of the tissues, she got out of bed in eleven weeks' time with a weight reduced from two hundred and twenty-five to one hundred and eighty-six pounds, threw away her crutches, walked without assistance, and has since been doing well.

This treatment also answers admirably for the spurious womb-ills and nerve perturbations of the climacteric;

nothing so surely controls the heats and chills, the shiverings and sweatings, the nerve-tinglings and emotional explosions, so common at the change of life.

Then again there is another class of cases to which this treatment is peculiarly adapted. I refer to that large group of uterine disorders which come from sexual excess. Excessive functional activity of the reproductive organs causes proportional exhaustion, and passive congestions of the nerve-centres. The turgidity is perhaps most marked at the lumbar portion of the spinal cord, whence it begets morbid irritability of the sexual organs. Repeated coition then means repeated congestions and exhaustions. And when one of a married couple is too weak, or one is relatively too vigorous for the other, semi-passive congestion of the nerve-centres obtains, and the exhaustion becomes permanent. Sometimes it is the husband that suffers, and one would *a priori* suppose that, since he alone of the two parts with a highly vitalized fluid, this would generally be the case. But it is not so; unless he happen to have the germs of some hereditary disease, such as phthisis, lurking in his system, or he be past the prime of life when he marries a young or a second wife. Strange as it may seem, it is the woman who receives, and not the man who gives, that breaks down in health; but fortunately the nerve-lesions, being functional and not structural, are curable. These cases have back-ache, leucorrhœa, menorrhagia, loss of sexual desire, weakness of lower limbs almost amounting to a palsy, uterine congestion, and the usual local symptoms and lesions resulting therefrom; but they will not be benefited in the least by a topical treatment. They need to be put to bed and to be built up by massage, electricity, and food. They need especially to be separated from their husbands, and thus have both functional and physiological rest. In one of my cases, treated, unluckily, at home, a single stolen coitus undid the work, and put my patient back.

Of course it would be unreasonable to suppose that the foregoing treatment will exclude all local treatment. Putting a woman to bed cannot cure a lacerated cervix, or a cervical

stenosis, or an acutely bent womb. But what I claim for it is that it has in my hands cured granular erosion, dysmenorrhea, menorrhagia, inter-menstrual ovaralgia, and most of the diseases arising from passive congestions. I will go farther, and say that I believe it will often obviate the need of spaying a woman for pernicious menstruation.

In conclusion, while humbly hoping that in this perhaps too personal a paper, the importance of the subject will atone for the lack of that traditional dignity and prescriptive phraseology which lend pomp and circumstance to a presidential address, I beg to return my thanks for the patience with which you have listened to one who is not your first choice, and who has the further disadvantage of immediately succeeding your very first choice.

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